This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE
## (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

| Fee Code | Total Submitted | Number Extra | X | Fee | Total |
|---|---|---|---|---|---|
| a. | Small | | | Sm. Entity | Lg Entity | |
| Basic Filing Fee | 201 111 | | | | 690 | |
| Total Claims >20 | 203 111 | 47 | 27 | | 486 | |
| Independent Claims >3 | 202 101 | 9 | 6 | | 468 | |
| Mult. Dep Claim Present | 204 106 | | | | | |
| Surcharge | 205 116 | | | | 130 | |
| English Translation | 139 | | | | | |

TOTAL FEE CALCULATION

Fees due upon filing the application

Total Filing Fees Due =    $ ___1774___

Less Filing Fees Submitted    $ _____

BALANCE DUE    = $ ___1794___

_mp_

Office of Initial Patent Examination

Figure 7

# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective December 29, 1999

| Application or Docket Number |
| --- |
| |

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
| --- | --- | --- |
| FOR | NUMBER FILED | NUMBER EXTRA |
| BASIC FEE | | |
| TOTAL CLAIMS | 47 minus 20= | * 27 |
| INDEPENDENT CLAIMS | 9 minus 3 = | * 6 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

| SMALL ENTITY TYPE ☐ | | OR | OTHER THAN SMALL ENTITY | |
| --- | --- | --- | --- | --- |
| RATE | FEE | | RATE | FEE |
| | 345.00 | OR | | 690.00 |
| X$ 9= | | OR | X$18= | 486 |
| X39= | | OR | X78= | 468 |
| +130= | • | OR | +260= | |
| TOTAL | | OR | TOTAL | 1644 |

*\* If the difference in column 1 is less than zero, enter "0" in column 2*

## CLAIMS AS AMENDED - PART II

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
| --- | --- | --- | --- |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| --- | --- | --- | --- | --- |
| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| X$ 9= | | OR | X$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
| --- | --- | --- | --- |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| --- | --- | --- | --- | --- |
| X$ 9= | | OR | X$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT C

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
| --- | --- | --- | --- |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| --- | --- | --- | --- | --- |
| X$ 9= | | OR | X$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.